

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005819

STATE FILE NUMBER

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 98

FILED FEB 28 1962

## 1. PLACE OF DEATH

a. COUNTY

CAPE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

CAPE GIRARDEAU

Length of stay in 1b

12 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST. FRANCIS HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SCOTT

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

CHAFFEE

d. STREET ADDRESS

(If outside, give location)

411 HELEN

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WILLIAM HENRY WHITE

4. DATE OF DEATH

Month

Day

Year

2 19 1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1888-12-9

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

2

10

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIGHT WATCHMAN

## 10b. KIND OF BUSINESS OR INDUSTRY

PANTS FACTORY

## 11. BIRTHPLACE (City and state or country)

IONA MICH

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JOHN LEWIS WHITE

## 13b. MOTHER'S MAIDEN NAME

EMMA L WILLIAMS

## 14. NAME OF HUSBAND OR WIFE

VIRGIN WHITE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

J. W. W. White-Chaffee

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

## INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Arteriosclerosis

10 yrs

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease/condition given in PART I (a)

H. Had right ureterolithomy 1 week earlier

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Spring 1967 to 19 Feb 62

and last saw him alive on

19 Feb 62

Death occurred at

8:10

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

R. E. Liddle, MD

## 22b. ADDRESS

Chaffee Mo

## 22c. DATE SIGNED

21 Feb 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

2-22-1962

## 23c. NAME OF CEMETERY OR CREMATORY

FRIEND'S CEM.

## 23d. LOCATION (City, town, or county)

CHAFFEE MO

## 24. FUNERAL DIRECTOR

## ADDRESS

CHAFFEE

## 25. DATE RECD. BY LOCAL REG.

2-23-62

## 26. REGISTRAR'S SIGNATURE

J. W. W. White

## 27. REGISTRAR'S SIGNATURE

Kasten

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene L. Stubbbs

Licensed Embalmer No. 5012

P. O. Address Chaffee, Minn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.